Case: 4:16-cv-01357-NCC Doc. #: 64-4 Filed: 04/04/17 Page: 1 of 11 PageID #: 488

Exhibit B

AFS923C	COMPLETE MENTAL HEALTH HISTORY	PAC	GE: 7:		
**** ASS	OFFENDER JAMES W HICKLIN ESSMENT CONTINUATION FROM PREVIOUS PAGE ***** health score of 2.	20150317	145049		
PLAN P≃ Follo are requ	w-up will be conducted as mental health services ested per the MSR	20150317 20150317			
TECH./MH	CAKOOOEMMH CATHERINE A KLEIN				
MSR DATE TIME COMPLAINT ************************************					
TECH/MH E SUBJECTIV	NCOUNTER APPOINTMENT DATE 03/18/2015 TIME 12:00 P SH	Y YU WC	PCC		
	to non-contact note this date.	20150326	103953		
	to non-contact note this date.	20150326	103953		
	to non-contact note this date.	20150326	103953		
	to non-contact note this date.	20150326	103954		
TECH./MH	CAKOOOEMMH CATHERINE A KLEIN				
MSR DATE TIME COMPLAINT ************************************					
TECH/MH ENCOUNTER APPOINTMENT DATE 03/18/2015 TIME 11:30 A SHOW UP Y PCC					
Psychiat Treatmen Treatmen assessme	writer presented Offender's request to be seen by ry for assessment of possible diagnosis to the tream on this date at approximately 11:30 AM. The tream agreed to refer Offender to Psychiatrist for int.	20150320 20150320 20150320 20150320 20150320	123801 123801 123801		
	entation.	20150320	123801		
	per non-contact.	20150320	123801		
	der to be scheduled and seen by Psychiatrist per	20150320 20150320			
TECH./MH	CAKOOOEMMH CATHERINE A KLEIN				
MSR DATE TIME COMPLAINT ************************************					
DOCTOR EN	ICOUNTER APPOINTMENT DATE 03/23/2015 TIME 12:45 P S	HOW UP Y	PCC		
S: Mr. H	ricklin is a 36yo CM who does not yet carry a mental diagnosis within the DOC system. He is seen today for on. Mr. Hicklin states that he identifies as female,	20150324	151028		

AFS923C

DOC ID

00527993

OFFENDER

COMPLETE MENTAL HEALTH HISTORY

20150324 151028

PAGE:

72

```
JAMES W HICKLIN
**** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****
and has done so since the age of 8. As a child, he reports
feeling greater comfort in the play styles and activities of 20150324 151028
his sisters and female classmates (dress-up, dolls), and a
                                                              20150324 151028
discomfort with contact sports such as football and hockey,
                                                              20150324 151028
                                                              20150324 151028
which he was expected to pursue. He reports always feeling
that his male anatomy was "wrong", and did not understand
                                                              20150324 151028
why he did not have female anatomy if he felt "female". In
                                                              20150324 151028
the romantic relationships he maintained as an adolescent,
                                                              20150324 151028
he states he always fit into the role as the (stereotypical) 20150324 151028
female. From a young age, he preferred the typically female
                                                              20150324 151028
attire, as it felt more appropriate. He endorses preferring
                                                              20150324 151028
                                                              20150324 151028
the company of females as confidents and supporters
throughout his childhood and adulthood. He admits that he
                                                              20150324 151028
                                                              20150324 151028
was unaware as a child and adolescent what a
                                                              20150324 151028
"transgendered"
person was, or that they had the option of transitioning, or 20150324 151028
                                                              20150324 151028
living a life of the sex which they felt they were. He has
never felt that he "embodied "the male gender in any way,
                                                              20150324 151028
and while not disgusted with his male anatomy, repeats that
                                                              20150324 151028
it always felt "incorrect" or "wrong". And in this way,
                                                              20150324 151028
never has found it possible to follow the male gender role.
                                                              20150324 151028
                                                              20150324 151028
He does not express any interest in gaining benefit from
cultural advantages of the female gender. Coming to terms
                                                              20150324 151028
with "who I really am" has caused him serious impairment of
                                                              20150324 151028
function in his daily life, most prominently within the
                                                              20150324 151028
                                                              20150324 151028
prison system, and due to the fact that current cultural
beliefs about gender roles tend to be more traditional,
                                                              20150324 151028
especially in the small town in which he was raised. He has
                                                              20150324 151028
been the target of several violent physical /sexual
                                                              201:50324 151028
assaults, which he believes has been due to the fact that
                                                              20150324 151028
transgender culture is little understood and not generally
                                                              20150324 151028
accepted. He has been incarcerated since the age of 16, due
                                                              20150324 151028
to what he describes as a "drug deal gone bad". He admits to 20150324 151028
drug use as an adolescent as a means of easing the
                                                              20150324 151028
psychological pain he was experiencing. Pt is very involved
                                                              20150324 151028
 in the legal aspects of his case, as well as well-versed in
                                                              20150324 151028
 the legal rights of transgendered individuals. He believes
                                                              20150324 151028
 that he may be released some time within this year or next.
                                                              20150324 151028
His end goal is to physically transition to the female
                                                              20150324 151028
gender, including cross-sex hormone treatment in the near
                                                              20150324 151028
                                                              20150324 151028
 future, as well as gender-reassignment surgery. Feels safe
 in his environment at this time. Denies any current feelings 20150324 151028
                                                              20150324 151028
of depression or anxiety, but endorses having had episodes
 of depression in the past. Denies SI/HI. Denies AVH, ideas
                                                               20150324 151028
 of reference, feelings of paranoia. No apparent delusions.
                                                               20150324 151028
No signs or symptoms consistent with a manic episode at this 20150324 151028
 time or in the past. Denies feelings of anxiety that he is
                                                              20150324 151028
unable to manage. Pt states that the use of masculine or
                                                               20150324 151028
 feminine pronouns are not of concern to him at this time,
                                                              20150324 151028
 but does report that he is initiating legal name change. He 20150324 151028
```

73 PAGE: COMPLETE MENTAL HEALTH HISTORY AFS923C DOC ID OFFENDER 00527993 JAMES W HICKLIN ***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE ***** understands, as well as appreciates, the significance of his 20150324 151028 past and current feelings concerning his gender and his 20150324 151028 gender role, as well as the physical and psychological 20150324 151028 20150324 151028 issues of the future. OBJECTIVE 20150324 151028 O: 20150324 151028 General: Good hygiene and grooming. Hair worn in the 20150324 151028 traditionally female style. Cooperative, friendly. 20150324 151028 Speech: Nl r/v/t 20150324 151028 Mood: "I'm doing well" 20150324 151028 Affect: Euthymic, congruent with mood. 20150324 151028 TP: GD, logical, appropriate. 20150324 151028 TC: Denies SI/HI. No apparent delusions, 20150324 151028 Perception: Denies VAH 20150324 151028 Judgment/Insight: Good ASSESSMENT A: Mr. (Ms.) Hicklin is a 36yo biologically (phenotypically) 20150324 151028 male Caucasion who carries a psychiatric diagnosis of Gender 20150324 151028 20150324 151028 Dysphoria. PLAN \mathbf{P} : 1. At this time, will make a referral for pt to be seen by endocrinology for evaluation of cross-sex hormone txt. Currently, hormone therapy (estrogen, testosterone blockers) is the accepted treatment for individuals with Gender Dysphoria diagnoses. 2. Pt was encouraged to cont processing psychological issues related to his diagnosis with his counselor. He reports comfort reaching out to the MH team if feeling unsafe in his current environment, 3. Will f/u in 4-12 weeks, or sooner if needed, to assess progress. Addendum: Please note, that after researching DOC protocols, it was found that endocrinology consult is NOT the appropriate next step for psychiatry in the txt of Gender Dysphoria. Endocrinology consult was not requested. MLT000EMMH MEREDITH L THROOP DOCTOR COMPLAINT ************************* MSR DATE TIME 05/27/2015 02:50 P MH - NON-CONTACT NOTE TECH/MH ENCOUNTER APPOINTMENT DATE 05/27/2015 TIME 11:30 A SHOW UP Y PCC SUBJECTIVE S= Per request of Offender, Offender was discussed with the 20150527 145347 Treatment Team on this date for admission into the Chronic 20150527 145347 20150527 145347 Care Clinic for mental health symptoms related to diagnosis of gender dysphoria (PTSD and anxiety). The Treatment Team 20150527 145347 20150527 145347 agreed to this at approximately 11:45 AM on this date.

OBJECTIVE

	COMPLEMENTAL LIEST MIL LITCHARY	PAG	E: 74
AFS923C	COMPLETE MENTAL HEALTH HISTORY	1. 27.	744 7.4
DOC ID OFFENDER			
00527993 JAMES W HICKL	IN		
0= Documentation.	ATION FROM PREVIOUS PAGE ****	20150527	145347
ASSESSMENT			
A= None per non-contact	t with Offender.	20150527	145347
PT.AN		00150505	ጎ ለ ሮ ጋ ለ ማ
P= Offender to be seen	by Psychiatrist and QMHP regularly	20150527	
for PTSD and anxiety s	Ambroma.	20130527	*****
TECH./MH CAKOOOEMMH	CATHERINE A KLEIN		
ALCO TO THE STATE COMM	LAINT ******************	*****	****
MSR DATE TIME COMP 06/02/2015 08:47 A PSYC	HIATRIST - CHRONIC CARE/FOLLOW-UP		
•		TOTA TITO 37	PCC
	TMENT DATE 06/16/2015 TIME 01:15 P SI	JOW UP I	PCC
SUBJECTIVE Mr Hicklin is a lityo	(assigned male, identifies as female)	20150617	055339
who carries a nevchiat	ric diagnosis of gender dysphoria.	20150617	
This of will be referr	ed to with the pronouns he/his, as per	20150617	055339
DOC protocol. He state	s that he has filed an IRR in response	20150617	055333
the the DOC's decision	to not offer cross-sex hormone txt.	20150617	
He states that it this	is rejected, he will pursue legal of lawyers whose main interest in	20150617	
trans-capial rights. F	eels very excited about the fact that	20150617	
he has initiated legal	change of name, and believes this	20150617	
will be finalized in e	arly July. Feels overall that staff	20150617	
have been supportive a	nd understanding of his situation. Has	20150617	055339
been working hard with	his counselor on issues of anxiety	20150617	
that have arisen durin	g this process, and feels he is making feelings of depression that he is	20150617	055339
good progress. Delites	k through', no SI/HI. Continues to be	20150617	055339
invested in his IT job	. Sleep and app reported nl. Denies	20150617	055339
AVH at any time. Denie	s inappropriate targeting or	20150617	
mistreatment from othe	rs. Denies feeling unsafe in his	20150617	
environment.		20150617	V22333
OBJECTIVE	H: FOLLOW UP FOR PSYCHIATRIC CLINIC VI	20150617	055339
SYMPTOM CHECKLIST:	H: FOUNDW OF POR POTORIZERAND CERTIFIC . T	20150617	055339
y Y/N APPETITE ADEQUAT	'E:	20150617	055339
VAN STEED ADECHATE:		20150617	055339
y Y/N ENERGY LEVEL AFF	PROPRIATE FOR CLIENT:	20150617	055339
y y/n mood appropriate	AND STABLE:	20150617	055339 055339
y Y/N ANXIETY PRESENT:	PROPRIATE FOR CLIENT: AND STABLE: CONTROLLED: Y/N y ASURE:	20150617	055339
A X/M COCMITAINE MELL'IL	יע דאיים ליי.	20150617	055339
v V/N ABLE TO CONTROL/	DIRECT THOUGHTS:	20150617	055339
V Y/N REALITY TESTING	INTACT:	20150617	055339
n Y/N HALUCINATIONS EI	LICITED:	20150617	055339
n y/n delusional state	CONTROLLED : Y/N _Y	20150617	055339 055330
INSIGHT/JUDGEMENT: goo	od DAL/VIOLENT IDEATIONS PRESENT: D CONTROL IDEATIONS:	20150617	055339
n Y/N SUICIDAL/HOMICIL	AUNABOL TIMBALONG . TOBBENT:	20150617	055339
"" TE EKESENI, ADLE IC	N CONTINUE TIMEST TOTAL +		

PAGE: 75 COMPLETE MENTAL HEALTH HISTORY AFS923C DOC ID OFFENDER. 00527993 JAMES W HICKLIN ***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE ***** 20150617 055339 Y/N STATES SATISFACTION/COMFORT WITH CURRENT 20150617 055339 MEDICATIONS:n/a 20150617 055339 S/E NOTED/STATED: n/a 20150617 055339 Y/N STATES COMPLIANCE WITH MEDICATIONS; n/a 20150617 055339 CURRENT APPLICABLE LAB VALUES: Y/N CURRENT MEDICATIONS THERAPEUTIC: n/a 20150617 055339 20150617 055339 n y/n MEDICATION CHANGES INDICATED; Mr. Hicklin is a 36yo (assigned male, identifies as female) 20150617 055339 20150617 055339 who carries a psychiatric diagnosis of gender dysphoria. PLAN P: 1. As pt feels he continues to remain stable without psychiatric medications; will cont to monitor. Pt states he feels comfortable reaching out to MH staff if symptoms of anxiety worsen, or if feeling unsafe. 2. Cont to work with counselor on processing stressors, utilizing healthy coping skills to manage anxiety, stress. 3. Will f/u in 8-12 weeks, or sooner if needed, to assess progress. MLT000EMMH MEREDITH L THROOP DOCTOR ****************** MSR DATE TIME COMPLAINT 06/03/2015 02:55 P QMHP - CHRONIC CARE ENCOUNTER TECH/MH ENCOUNTER APPOINTMENT DATE 06/04/2015 TIME 02:00 P SHOW UP Y SUBJECTIVE 20150605 140427 S= Offender seen on this date from approximately 2-2:45 PM 20150605 140427 for a Chronic Care Encounter and to begin identifying ITP goals. Offender does not take medications at this time and 20150605 140427 20150605 140427 denied S/H/I's and A/V hallucinations. Offender identified the following goals he would like to work towards: Decrease 20150605 140427 anxiety by learning additional coping skills and to 20150605 140427 identify new triggers that contribute to increased anxiety. 20150605 140427 20150605 140427 This writer will type up goals and present to Offender at next encounter for signature, Offender reported his sleep 20150605 140427 20150605 140427 the past four days has been very limited, stating he has 20150605 140427 only slept approximately three hours each night. However, 20150605 140427 he reported that he slept approximately 7 hours "last 20150605 140427 night". Offender described his appetite as "good" and he 20150605 140427 occupies his time by working in the computer lab, reading 20150605 140427 and talking with family who he considers a good support system, specifically his sister. Offender's level of care 20150605 140427 20150605 140427 will be raised to a 3 as this writer completed a 20150605 140427 Classification Analysis - Mental Health Needs form on this 20150605 140427 date and submitted it to the ICMHS. OBJECTIVE 20150605 140427 O= Mental Status Examination. 20150605 140427 Mood and affect: Normal/ appropriate.

PAGE: 79 COMPLETE MENTAL HEALTH HISTORY AFS923C DOC ID OFFENDER JAMES W HICKLIN 00527993 **** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE ***** 20150811 091430 increase in anxiety related to recent legal motions. 20150811 091430 Offender and this writer discussed appropriate coping skills and they were practiced. Offender denied S/H/I's and 20150811 091430 A/V hallucinations. He reported poor sleep, averaging about 20150811 091430 20150811 091430 3 hours per night. Offender occupies his time by being a 20150811 091430 dog handler, working on legal work and working in the 20150811 091430 library. OBJECTIVE 20150811 091430 O= Mental Status Examination. 20150811 091430 Mood and affect: Normal/ appropriate. 20150811 091430 Eye Contact: Good 20150811 091430 Orientation: Oriented to person and place. 20150811 091430 Speech: Normal rate and tone. 20150811 091430 Thought Processes: Clear and Logical. 20150811 091430 Attitude/ Demeanor: Cooperative. 20150811 091430 Insight/ Judgment: Fair. 20150811 091430 Appearance/ Hygiene: Clean and neat. 20150811 091430 Level of Alertness: Alert. Perception: Fair. ASSESSMENT 20150811 091430 Mr. Hicklin is a 36yo (assigned male, identifies as female) who carries a psychiatric diagnosis of gender dysphoria per 20150811 091430 20150811 091430 Dr. Throop on 06/16/2015. PLAN 20150811 091430 P= Plan for offender will be to continue assessment, and 20150811 091430 monitoring of offender's progress towards ITP goals and 20150811 091430 monitoring of prevalent mental health concerns via Chronic 20150811 091430 Care visits, Follow-up will be conducted as additional 20150811 091430 mental health services are requested per the MSR. CAKOOOEMMH CATHERINE A KLEIN TECH./MH COMPLAINT ************************** MSR DATE TIME 08/24/2015 12:43 P PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP DOCTOR ENCOUNTER APPOINTMENT DATE 08/26/2015 TIME 02:30 P SHOW UP Y SUBJECTIVE Mr. (Ms.) Hicklin is a 36yo (assigned male, identifies as 20151020 120047 20151020 120048 female) who carries a psychiatric diagnosis of gender 20151020 120048 dysphoria. Will use the male pronouns in this note, as per 20151020 120048 current DOC protocol (not per societal norm). Pt comes for 20151020 120048 f/u appt. He discusses the ongoing difficulties he's been having concerning daily functioning. He states that he has 20151020 120048 20151020 120048 now changed his name legally to 'Jessica', which feels like 20151020 120048 a step in a positive direction. However, continues to 20151020 120048 experience much discomfort and anxiety surrounding his 20151020 120048 assigned gender, and current gender role expectations. He 20151020 120048 states that he experiences a great amount of anxiety and discomfort concerning body hair, especially when it comes to 20151020 120048 male pattern baldness that could be halted by hormone txt. 20151020 120048 Also feels extremely discontent and uneasy with his deep 20151020 120048

AFS923C

DOC ID

P:

OFFENDER

COMPLETE MENTAL HEALTH HISTORY

PAGE:

80

```
00527993 JAMES W HICKLIN
**** SUBJECTIVE CONTINUATION FROM PREVIOUS FAGE *****
  voice. Sleep has been very poor 2/2 anxiety, feels he is getting roughly 4 hrs nightly. Also has endured an 8 lb 20151020 120048 weight loss over the past several months. He has been 20151020 120048
  experiencing irritability and decreased functioning at work 20151020 120048 (states that his boss continues to ask him 'what's wrong'). 20151020 120048
  He states that 'I know I'm supposed to be this woman, but I 20151020 120049
  just can't get there'. Feels extremely awkward and uneasy 20151020 120049 due to the fact that he is unable to wear gender-affirming 20151020 120049 undergarments and use traditionally female hygiene products. 20151020 120049
  Despite this, pt feels he is able to continue utilizing his 20151020 120049
  coping skills to manage stress, anxiety, discontent he has been experiencing 2/2 feeling intensely uncomfortable with his biological (assigned) gender. Medications (anxiolytics, sleep aids) were discussed, however pt declines at this 20151020 120049
 sleep aids) were discussed, however pt declines at this
time. Denies SI/HI. Continues to look positively toward the
future. Denies feeling unsafe or 'targeted' by others,
however has been isolating more due to continued distress
over his experienced gender incongruity. Allowed pt to

20151020 120049
20151020 120049
20151020 120049
OBJECTIVE
  O: (MHO2) MENTAL HEALTH: FOLLOW UP FOR PSYCHIATRIC CLINIC VI 20151020 120049

      Y Y/N APPETITE ADEQUATE:
      20151020 120049

      Y Y/N SLEEP ADEQUATE:
      20151020 120049

      Y Y/N APPETITE ADEQUATE:
      20151020 120049

      Y Y/N SLEEP ADEQUATE:
      20151020 120049

      Y Y/N ENERGY LEVEL APPROPRIATE FOR CLIENT:
      20151020 120049

      Y Y/N MOOD APPROPRIATE AND STABLE:
      20151020 120049

      Y Y/N ANXIETY PRESENT:
      CONTROLLED:
      Y/N

      Y Y/N ABLE TO FEEL PLEASURE:
      20151020 120049

      Y Y/N COGNITIVE ABILITY INTACT:
      20151020 120049

      Y Y/N ABLE TO CONTROL/DIRECT THOUGHTS:
      20151020 120049

      Y Y/N REALITY TESTING INTACT:
      20151020 120049

      N Y/N HALUCINATIONS ELICITED:
      20151020 120049

      N Y/N DELUSIONAL STATEMENTS NOTED:
      20151020 120049

      INSIGHT/JUDGEMENT:
      good
      20151020 120049

      ***IF PRESENT, ABLE TO CONTROL IDEATIONS:
      20151020 120049

      ***IF PRESENT, ABLE TO CONTROL IDEATIONS:
      20151020 120049

      **Y/N STATES SATISFACTION/COMFORT WITH CURRENT
      20151020 120049

      MEDICATIONS:
      20151020 120049

      S/E NOTED/STATED:
      20151020 120049

        ### 20151020 120049

/E NOTED/STATED:n/a 20151020 120049

Y/N STATES COMPLIANCE WITH MEDICATIONS:n/a 20151020 120049

JERRENT APPLICABLE LAB VALUES: 20151020 120049

Y/N CURRENT MEDICATIONS THERAPEUTIC:n/a 20151020 120049

Y/N MEDICATION CHANGES INDICATED: 20151020 120049
   S/E NOTED/STATED:n/a
   CURRENT APPLICABLE LAB VALUES:
   n Y/N MEDICATION CHANGES INDICATED:
 ASSESSMENT
   Mr. (Ms.) Hicklin is a 36yo (assigned male, identifies as 20151020 120049 female) who carries a psychiatric diagnosis of gender 20151020 120050
   dysphoria. Will use the male pronouns in this note, as per 20151020 120050 current DOC protocol (not per societal norm). 20151020 120050
 PLAN
```

AFS923C

COMPLETE MENTAL HEALTH HISTORY

PAGE:

81

DOC ID OFFENDER

00527993 JAMES W HICKLIN

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

- 1. At this time, pt declines psychiatric medications (anxiolytics, sleep aids), as he feels he has been able to utilize his healthy coping skills to manage stress and anxiety.
- 2. Cont to process feelings of discomfort/distress over his experienced gender incongruity with counselor.
- 4. It is the opinion of this provider that neglecting to treat this pt with the currently accepted standards of care for gender dysphoria as per the APA and WPATH SOC is detrimental to his mental/emotional/psychiatric well-being. Pt is deemed to have the full capacity to give informed consent.
- 5. Will f/u in 4-12 weeks, or sooner if needed, to assess progress. Will cont to monitor closely for safety concerns.

DOCTOR

MLTOOOEMMH MEREDITH L THROOP

TECH/MH ENCOUNTER APPOINTMENT DATE 09/03/2015 TIME 02:30 P SHOW UP Y PCC S= Met with Offender on this date from approximately 2:30 - 20150908 141107 2:45 PM for a Chronic Care Encounter and to complete 20150908 141107 20150908 141107 Initial ITP with recommendation mentioned previously by 20150908 141107 Offender in past CC notes. Offender identifies as a female but will be referred to with the pronouns he/his, as per 20150908 141107 20150908 141107 DOC protocol. Offender does not take medications at this 20150908 141107 time as he feels he is able to cope with high anxiety and per his fear of being dependent on medications with a 20150908 141107 history of drug abuse/ use. Offender discussed current anxiety level at a "three or four" using a ten point scale 20150908 141107 20150908 141107 with ten being the most anxious he has ever felt. Offender 20150908 141107 reproted he is becoming "more comfortable" with "who he is" 20150908 141107 20150908 141107 as he sits and continues to learn more about himself. Offender denied S/H/I's and A/V hallucinations. Offender 20150908 141107 reported he continues to struggle with sleep but that it is 20150908 141107 "better" as he is sleepign approximately 4 to 5 hours each 20150908 141107 night. Offender reported he continues to feel safe in 20150908 141107 20150908 141107 current environment, Offender and this writer completed 20150908 141107 Initial ITP and signed it on this date. Offender discussed 20150908 141107 recent legal change in name and that this is seen as 20150908 141107 "progress". Offender's current level of care is continued. 20150908 141107 OBJECTIVE 20150908 141107 O= Mental Status Examination. Mood and affect: Normal/ appropriate. 20150908 141107 20150908 141107 Eye Contact: Good Orientation: Oriented to person and place. 20150908 141107

Der tment of Corrections cal & buntability Records System Doctor Encounter Soap Notes AFR06QT Page: Date: 10/29/2015 Medical A 9:41:10 TIME: A/P 2:30 P DOC ID: 527993 JAMES HICKLIN SICK CALL COMPLAINT MM/DD/CCYY PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP Nurse Id: MLT000EMMH MEREDITH L THROOP 10/23/2015 2015/10/28 0204221 2015/10/28 204221 Subjective Subjective
Mr. Hicklin (Ms) is a 36yo, (assigned male, identifies as female) who carries a psychiatric diagnosis of gender dysphoria. Will use the male proncuns in this note, as per current DOC protocol (not per societal norm). Patient states that his mood has been "well." Anxiety is ongoing, as he awaits a response from a recent grievance he filed pertaining to treatment of gender dysphoria. Sleep has been poor, appetite very low, Associated with some weight loss. Despite this, he states that he feels he is "managing" without medications. Continues to utilize his healthy coping skills to manage his stress and anxiety. without medications. Continues to utilize his healthy coping skills to manage his stress and anxiety.

Much of the focus of interview was on continued distress pertaining to male attributes (body hair, lack of gender affirming canteen items, male attire). This is baseline. Reports occasional feelings of helplessness. Denies SI/HI. Continues at his job working for the TV station in computer programming, and has been successful with this. Feels he is being treated with respect from others, has no current safety concerns. Denies AVH or other symptoms of psychosis, No noted paranoia. Anxiety and perseveration on current issues is persistent, however, denies racing thoughts or other symptoms consistent with a manic episode. 2015/10/28 204221 Objective O: (MH02) MENTAL HEALTH: FOLLOW UP FOR PSYCHIATRIC CLINIC VI 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 O: (MHO2) MENTAL HEALTH: FOLLOW UP FOR PSYCHIATRIC OSYMPTOM CHECKLIST:

IN Y/N APPETITE ADEQUATE:

IN Y/N SLEEP ADEQUATE:

IN Y/N ENERGY LEVEL APPROPRIATE FOR CLIENT:

IN Y/N MOOD APPROPRIATE AND STABLE:

Y Y/N ANXIETY PRESENT:

Y Y/N ABLE TO FEEL PLEASURE:

Y Y/N COGNITIVE ABILITY INTACT:

Y Y/N REALTY TESTING INTACT:

Y Y/N REALTY TESTING INTACT:

IN Y/N HALUCINATIONS BLICITED:

IN Y/N DELUSIONAL STATEMENTS NOTED:

INSIGHT/JUDGEMENT:

GOOD

Y/N SUICTDAL/HOMICTDAL/VIOLENT IDEATIONS PRESENT:

****IF PRESENT, ABLE TO CONTROL IDEATIONS;

Y/N STATES SATISFACTION/COMFORT WITH CURRENT

MEDICATIONS: n/A 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 Y/N STATES SATISFACTION/COMFORT WITH CORREST
MEDICATIONS:n/a
S/R-NOTED/STATED:n/a
FY/N STATES COMPLIANCE WITH MEDICATIONS: n/a
CURRENT APPLICABLE LAB VALUES:
Y/N CURRENT MEDICATIONS THERAPEUTIC:n/a
n T/N MEDICATION CHANGES INDICATED: 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 2015/10/28 204221 Mr. Hicklin (Ms) is a 36yo, (assigned male, identifies as female) who carries a psychiatric diagnosis of gender dysphoria. 2015/10/28 2015/10/28 204221 204222 10 10 15 this 2015/10/28 Plan 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 1. At this time, patient declined psychiatric medications (anxiolytics, sleep aids), as he feels he has been able to utilize healthy coping skills to manage stress. 1,0. and anxiety. 2. Poor sleep and low appetite are persistent, discussed the option of Remeron with patient. Will approach this again in the future.
3. Encouraged patient to continue to process feelings of 2015/10/28: 204222 2015/10/28 204222

2015/10/28 204222

11/1/2

L. ...

AFR060T 9:41:10 Der tment of Coxrections Medical A. buntability Records System Doctor Encounter Soap Notes

DOC ID: 527993 JAMES HICKLIN SICK CALL COMPLAINT PSYCHIATRIST, - CHRONIC CARE/FOLLOW-UP Nurse Id: MLT000EMMH MEREDITH L THROOP

discomfort/distress over his experienced gender incongruity with his counselor.

4. It is the opinion of this provider that neglecting to treat patient with the currently accepted standards of care for gender dysphoria, as per APA and WPATH SOC is detrimental currently to his mental/emotional/psychiatric well being.

5. The patient is deemed to have full capacity to give informed consent.

6. Will f/u in 4-12 weeks, or sooner if needed, to assess progress. Will continue to monitor closely for symptom changes or safety concerns.

Page: 2 Date: 10/29/2015

TIME: A/P 2:30 P MM/DD/CCYY 10/23/2015

9 (194<u>3</u>":

2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222 2015/10/28 204222

MARK!